

Patient Assessment/Management - Medical

Start Time: _____

Date: _____

Stop Time: _____

Candidate's Name: _____

Evaluator's Name: _____

Points Possible	Points Awarded
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Takes, or verbalizes, body substance isolation precautions	1							
SCENE SIZE-UP								
Determines the scene is safe	1							
Determines the mechanism of injury/nature of illness	1							
Determines the number of patients	1							
Requests additional help if necessary	1							
Considers stabilization of spine	1							
INITIAL ASSESSMENT								
Verbalizes general impression of the patient	1							
Determines responsiveness/level of consciousness	1							
Determines chief complaint/apparent life threats	1							
Assesses airway and breathing	1							
	Initiates appropriate oxygen therapy							
	Assures adequate ventilation							
Assesses circulation	1							
	Assesses/controls major bleeding							
	Assesses pulse							
	Assesses skin (color, temperature and condition)							
Identifies priority patients/makes transport decision	1							
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT								
Signs and symptoms (Assess history of present illness)	1							
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction	Poisoning/Overdose	Environmental Emergency	Obstetrics	Behavioral	
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of the episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?	*Substance? *When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?	*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period?	*How do you feel? *Determine suicidal tendencies. *Is the patient a threat to self or others? *Is there a medical problem? *Interventions?	
Allergies							1	
Medications							1	
Past pertinent history							1	
Last oral intake							1	
Event leading to present illness (rule out trauma)							1	
Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)							1	
Vitals (obtains baseline vital signs)							1	
Interventions (obtains medical direction or verbalizes standing order for medication/interventions and verbalizes proper additional intervention/treatment)							1	
Transport (re-evaluates the transport decision)							1	
Verbalizes the consideration for completing a detailed physical examination							1	
ONGOING ASSESSMENT (verbalized)								
Repeats initial assessment							1	
Repeats vital signs							1	
Repeats focused assessment regarding patient complaint or injuries							1	
Critical Criteria						Total:	30	

- Did not take, or verbalize, body substance isolation precautions when necessary
- Did not determine scene safety
- Did not obtain medical direction or verbalize standing orders for medical interventions
- Did not provide high concentration of oxygen
- Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- Did not differentiate patient's need for transportation versus continued assessment at the scene
- Did detailed or focused history/physical examination before assessing the airway, breathing and circulation
- Did not ask questions about the present illness
- Administered a dangerous or inappropriate intervention